Entered - 03/09/98 - sb CL98L0142 - DIANNE C. MITCHELL

CLAIM OF: SHERRY MCHENRY

562 Lakeshore Drive Atlanta, Georgia 30307

For damages alleged to have been sustained as a result of property damage due to a collapsed drainage pipe in 1996 at 562 Lakeshore Drive.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

| Claim No. 98L0142   | Date: November 16, 2000  |
|---|--|
| Claimant /Victim SHERRY MCHENRY   |  |
| BY: (Atty) (Ins Co.)  |  |
| Address: 562 Lakeshore Drive, Atlanta, Georgia 3030 Subrogation: Claim for Property damage \$ 7,000.00  | 7  |
| Subrogation: Claim for Property damage \$ 7,000.00  | Bodily Injury \$   |
| Date of Notice: June, 1996 Method: Written, proper  | X Improper   |
| Date of Notice: June, 1996 Method: Written, proper Conforms to Notice: O.C.G.A. §36-33-5  | Ante Litem (6 Mo.)   |
| Date of Occurrence 02/11/98 Place: 562 Lakes  | hore Drive   |
| Department Public Works Division  | n: Sewer Operations  |
| Employee involved Dis   | sciplinary Action:   |
| NATURE OF CLAIM: The claimant alleges her property has been druns under her house. The investigation determined that the drainage p is the responsibility of the claimant. Furthermore, the claim as present notice as set forth in O.C.G.A. §36-33-5, the six month statute of lim | pipe is not part of the City's sewer system, but<br>ted does not comply with the requirements of |
| INVESTIGATION:  |  |
| Statements: City employee Claimant Others PicturesX Diagrams Reports: Police Do Claimant D Citation disposition: City Driver Claimant D   | ept Report X Other Other   |
| BASIS OF RECOMMENDATION:  | જર્તી.   |
| Function: Governmental X Ministerial  |  |
| Function: Governmental X Ministerial Improper Notice More than Six Months X Other   | X Damages reasonable   |
| City not involved Offer rejected  | Compromise settlement  |
| City not involved Offer rejected Repair/replacement by Ins. Co Repair/repl Claimant Negligent City Negligent Joint  | acement by City Forces   |
| Claimant Negligent City Negligent Joint   | Claim Abandoned  |
| •   | ully submitted,  |
| NVEST   | IGATOR - DIANNE C. MITCHELL  |
| RECOMMENDATION:   |  |
| Pay \$ Adverse X Account charge Claims Manager: Conce   | ed: 1A012J012H01<br>ur/date///6 cr/  |
|   | tion   |
| Council Ac  |  |
| FORM 23-61  |  |

02-23-88

| COUNCIL OF THE CITY OF ATL  | ANTA R R   | RE: CLAIM FOR D  |  | (D)   |
|---|--|--|--|---|
| MUNICIPAL CLERK City Hall   |  | Today's Date:  | FeB 9-9  | 8   |
| 55 Trinity Avenue, S.W.   | FEB 1 1 1998   |  |  |   |
| Atlanta, Georgia 30335  |  | ENTERED - 3  | -9-98 - SB<br>NTHONY OATIS   |   |
| Dear Municipal Clerk:   | MUNICIPAL CL   | J010142 - A  | WINONI OZIIIO  |   |
| The state of the state of Addition  | and the second does  | magas in the amount of   | of \$7000  |   |
| This is to notify the City of Atlantand/or \$boo  | lily injury for which I conte  | nd the City is liable.   | # 40   | property  |
| 1. Date of incident: June   | 1996 2. Time of  | Incident: This   | 3 Police called  |   |
| ·   | lay/year)  | has been hoppening   | for awaite   | Yes No  |
| 4. Location of incident (including stree  | taddress): $562 d4$  | ATSHOPE DV   | TTIONING   | <i>&gt; 1  </i>   |
| 5. Name of your insurance company:  | Georgia 1  | FARM Bureau  | Policy No. 2   | 30 /  |
| 6. State what and how incident occurre  | ed: / Mere 13 a  | 1411/4 (0  | TTA PIP  | 2e  |
| which is a dra  |  |  |  |   |
| It 15 collops   | ing of the 1   | right side   | of my ho   | use   |
| has shifted<br>The pipe (5 Ci<br>7. ALL ESTIMATES AND DAMA  | + damage   | & Floors 4   | rudous +   | walls   |
| The pipe (5 Ci  | tx of Atlant   | a onlis be   | ing repaire  | d by Cit  |
| 7. ALL ESTIMATES AND DAMA   | AGES ARE SUBJECT TO I  | NSPECTION. THE MA  | AKING OF FALSE C   | LAIMS WILL  |
| RESULT IN YOUR CLAIM BE   | ING DENIED AND MAY   | RESULT IN CRIMINA  | <b>AL PROSECUTION!</b>   |   |
| RESULT IN YOUR CLAIM BE   | ING DENIED AND MAY   |  | AL PROSECUTION!  | Atlan   |
| 8. The registered owner must  | ING DENIED AND MAY make the claim for vehi   | cle damages, complet   | te the following and   | Atlan   |
| RESULT IN YOUR CLAIM BE   | ING DENIED AND MAY make the claim for vehi   | cle damages, complet   | te the following and   | Atlan   |
| 8. The registered owner must estimates of repair and proof of Yourvehide:   | make the claim for vehion ownership of your vehice   | cle damages, complet<br>tle (copy of the current   | te the following and tag receipt or title).  | At (ar)   |
| 8. The registered owner must estimates of repair and proof of   | make the claim for vehion ownership of your vehice   | cle damages, complet   | te the following and   | At (ar)   |
| 8. The registered owner must estimates of repair and proof of Yourvehide:   | make the claim for vehic<br>of ownership of your vehic<br>(Year)   | cle damages, completele (copy of the currentele (Tag Number)   | te the following and tag receipt or title).  | At (an) d attach two (2)  Name)   |
| 8. The registered owner must estimates of repair and proof of Yourvehicle (Make)  | make the claim for vehion ownership of your vehice   | cle damages, completele (copy of the currentele (Tag Number)   | te the following and tag receipt or title).  | At (an) d attach two (2)  Name)   |
| 8. The registered owner must estimates of repair and proof of Yourvehide:  (Make)  (ity vehicle: (Make)   | make the claim for vehic<br>of ownership of your vehic<br>(Year)   | cle damages, completele (copy of the currentele (Tag Number)   | te the following and tag receipt or title).  | At (and de attach two (2)   |
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| 8. The registered owner must estimates of repair and proof of Yourvehicle:  (Make)  (ity vehicle: (Make)  | make the claim for vehicle ownership of your vehicle (Year)  (City Driver's claim in no way waives the claim in the claim i | cle damages, completele (copy of the current  (Tag Number)  Name)  (Address)  ne Sovereign immunity  | (Department/Be) (Telephone Num   | At (an) d attach two (2)  Name)  ureau)  nber)  uta, as granted by  |
| 8. The registered owner must estimates of repair and proof of Yourvehicle:  (Make)  (ity vehicle: (Make)  Witness: (Name)   | (Year)  (City Driver's claim in no way waives the claim on of liability on behalf of   | cle damages, complete cle (copy of the current (Tag Number)  (Name)  (Address)  The Sovereign immunity of the City of Atlanta are shown above. | (Department/Broof the City of Atlanted or its employee(s   | At (or) d attach two (2)  Name)  ureau)  nber)  uta, as granted by  |
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